

## RELEASE OF INFORMATION AND CONSENT

### MEDICAL INFORMATION AND CONSENT

Although the Idaho Department of Juvenile Corrections (Department) is not the **legal guardian** of your child, it does become the **legal custodian** during the period of commitment. Idaho law requires that the Department, as legal custodian, provide reasonable health care to each juvenile in its custody. This form provides both information about the types of health care and testing the Department is legally required to provide, even without a parent's consent, and identifies other items where your consent or denial is needed before your child can participate. Please read carefully. If you have questions about any of these items, please ask the intake staff to explain.

#### MEDICAL CARE AND TREATMENT

Your input about your child's medical situation is always valued by the Department, and will be sought whenever possible. The Department will always attempt to notify you of any medical care (other than routine) that your child receives, but your prior written consent is not required for the Department to provide these services.

- 1. Routine Medical Care:** The Department is required by law to carry out the responsibility for care involved in treatment of illness and injuries to your child. This may include examinations, immunizations, x-rays, laboratory procedures, blood draws, medication administration, first aid, and urinalysis. Provided, however, your child will not be required to be immunized if IDJC is provided: 1) a signed statement from a licensed physician that your child's life or health would be endangered if the required immunization(s) are given; or, 2) you sign a statement containing the name of your child and a description of objections you have to particular immunization(s) for religious or other reasons.
- 2. Emergency Medical Care:** Every effort will be made to contact you to obtain consent for specific, major medical procedures recommended by the medical provider, but should we be unable to reach you, the Department will take whatever measures are necessary to provide emergency medical care, surgery, or hospitalization in your absence or unavailability when a delay in providing medical services will endanger the life or health of your child.
- 3. Urinalysis Testing:** Urinalysis detects the presence of a variety of drugs in the urine. Urine samples are collected from all residents on a random or "surprise" basis and submitted to a professional laboratory for screening. There may be consequences from a positive urinalysis test, including removal of your child from contract care placement, and/or criminal charges.
- 4. Mental Health Treatment:** If, as part of the Department's policy of providing the best mental health care available for juveniles, competent medical authority determines that your child would benefit from a regimen of psychopharmacology, you will be notified that psychotropic medications consistent with your child's psychiatric diagnosis have been prescribed. The Department's physician will make all determinations as to the types of medication used while your child is in custody.

## MEDICAL INFORMATION—Parent Consent Required

Please initial on the line provided next to each category to indicate your permission.

I, the parent/guardian of \_\_\_\_\_ (child's name)  
hereby give my permission for the following:

- \_\_\_\_\_ **5. Testing for and Release of Information Regarding HIV Antibody and Other Pathogens:** Idaho law requires Department to test certain incarcerated persons for HIV/AIDS and other bloodborne diseases. In addition, the law allows juveniles ages 14 and older to be tested upon their own request.

However, if your son or daughter asks for an HIV/AIDS or related test, but is:

- a) under age 14, **and**
- b) **the law does not require** him or her to be tested, you must give your permission before the testing can be done. In that case, and if you authorize our physician or the district Health Department to test your under-age-14 child for HIV antibody and other bloodborne pathogens, and to release his/her test results to the facility wherever you child is placed, to the person(s) who transferred or committed your child to us, and medical/dental care providers, please initial.

This information will be provided only on a “need to know” basis. By marking this, you release our physician and/or the district health department from any and all responsibility concerning the release of this information.

- \_\_\_\_\_ **6. Treatment Records Release:** You give permission to any and all agencies or other healthcare providers that have previously provided your child with mental health, medical, or dental treatment to release any or all information related to such treatment to the Idaho Department of Juvenile Corrections.

By initialing here, you also give permission for all entities and individuals who have provided healthcare to your child while he or she is in custody, to release all of those healthcare records to the Department upon its request. This includes all mental health and medical records, including psychiatric or psychotherapy notes.

This consent is valid for three (3) years from the date of execution. I understand that I can withdraw my consent only in writing. I am authorized to sign this Release of Information and Consent because I am the parent, legal guardian, or authorized agent vested with legal custody of the juvenile who is committed to the Department.

This form will follow your child as he/she is placed. Information generated by this release will be maintained in the Idaho Department of Juvenile Corrections' statewide database and confidentiality will be preserved and unauthorized disclosure will be prevented in accordance with department, state, and federal regulations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Witness

## ADDITIONAL RELEASES AND CONSENTS

\_\_\_\_\_ **School Records Release:** You authorize schools that your child has previously attended to release all school records to the receiving district. Please list the schools that your child has attended:

School	Grades Completed	Dates

\_\_\_\_\_ **Facility/Personal Belongings Liability Release:** You give your permission to have your child's possessions and personal belongings be with your child while a resident. You understand that the facility will not replace this property if lost, stolen, or broken. When your child completes the facility's program, he/she may take property with him.

\_\_\_\_\_ **Register for Roadside Safety Instruction Program – Release Participants Under Age 18 (Adopt-A-Highway Participation Release):** You release and discharge the state of Idaho, the Idaho Transportation Board, the Idaho Transportation Department, and their officers, agents, and employees, from all claims, demands and causes of action of every kind whatsoever for any damages and/or injuries which may result from the child's participation in the Adopt-A-Highway Program and other voluntary activities on or near the highway rights-of-way. You agree to hold harmless the state of Idaho, the Idaho Transportation Board, the Idaho Transportation Department, and their officers, agents, and employees, from liability for any damages or injuries resulting from any negligence or willful wrongdoing on the child's part during his/her participation in said voluntary activities on or near the highway rights-of-way.

\_\_\_\_\_ **Out of Facility Release:** You give permission for your child to participate in low-risk social and recreational outings supervised by the residential program staff, including but not limited to: swimming, shopping, dining, hiking, camping and special events.

If there are any activities in which, for health or other reasons, you do not wish your child to participate, please note the activities and your concerns:

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Your child may participate in water activities where a certified lifeguard is **not** present as long as at least one (1) supervising adult is a competent swimmer: Yes ☐ No ☐

\_\_\_\_\_ **Parent/Guardian Agreement to Participate in Counseling:** Whenever possible, the Department attempts to involve parents/guardians in a juvenile's treatment program. You hereby voluntarily agree to participate in family therapy sessions with a qualified therapist as part of your son or daughter's regular rehabilitation programming. Also, you agree to comply with the conditions of family therapy as stipulated by your child's therapist. *\*Note: the court may have ordered such participation. See your Court Order.*

<b>AFTERCARE SERVICES</b>
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\_\_\_\_\_ **Re-Entry:** If you and your child decide to access re-entry/transitional services after release from Idaho Department of Juvenile Corrections, you give the Department permission to release treatment information to the designated Re-Entry provider(s) to assist in the development of a Re-Entry plan to access services. A Re-Entry plan will be developed 90 days prior to release.

\_\_\_\_\_ **Functional Family Therapy (FFT):** If you and your child decide to access FFT services while still in Department custody, you give Idaho Department of Juvenile Corrections permission to release treatment information to the designated FFT provider(s) to assist in the development of an FFT treatment plan. An FFT referral will be requested by the JSC and approved by the regional Clinical Supervisor.

\_\_\_\_\_ **Health and Welfare Services:** If you and your child decide to apply to the Idaho Department of Health and Welfare for services after release from the Idaho Department of Juvenile Corrections, you give the Idaho Department of Juvenile Corrections permission to release treatment information to Idaho Department of Health and Welfare to assist in the completion of the application. The application process should be started six months prior to release.

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This consent is valid for three (3) years from the date of execution. I understand that I can withdraw my consent only in writing. I am authorized to sign this Release of Information and Consent because I am the parent, legal guardian, or authorized agent vested with legal custody of the juvenile who is committed to Idaho Department of Juvenile Corrections.

This form will follow your child as he/she is placed. Information generated by this release will be maintained in the Idaho Department of Juvenile Corrections' statewide database and confidentiality will be preserved and unauthorized disclosure will be prevented in accordance with department, state, and federal regulations.

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Address

City State Zip

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_  
Witness